

Examiner's Initials ALR

OF FILED IS IN IS SHEET FOR THE PARTY OF THE RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Dave Taylor, Florida Compliance Pecialist	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 61 617.1509, Florida Statutes, the undersigned, Dave Toulor Florida Compliance Special ist (Name of registered agent) Tourist Name of corporation DBA F F F A copy of this resignation was mailed to the above listed corporation at its last known address.	-
F 960000 5090 A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
S) and I	
If signing on behalf of an entity: (Signature of resigning agent) (A) (A) (B) (B) (B) (B) (B) (B	
FLÖRIBA CORPCIANORISPECIALIST, INC. 1331 E. LAFAYETTE STREET, STE. F TALLAHASSEE, FLORIDA 32301 CONCENTRATE, ORIDA 32301 (Capacity)	

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314